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JUN 29 2006



## OFFICIAL COMMUNICATION

5775 Morehouse Drive  
San Diego, CA 92121  
Fax: (858) 658-2502***Facsimile Transmittal*****DATE:** June 29, 2006**TO:** Amendment  
Commissioner for Patents**ATTN:** Examiner: Kevin Kim  
Art Unit: 2634**FAX NUMBER:** (571) 273-8300**FROM:** Timothy F. Loomis, Attorney for Applicant  
Registration No. 37,383**Total Number of Pages Sent:** 8 (including this transmittal cover sheet)

\*\*\*\*\*

**FILING BY FACSIMILE:****ATTORNEY DOCKET NO.:** 020111**ENCLOSED ARE:**

- Amendment (6 pages)
- Transmittal (1 page)

**APPLICANT:** Teague, et al.**ASSIGNEE:** QUALCOMM Incorporated**SERIAL NO.:** 10/086,574**FILED:** 2/28/02**FOR:** RAKE RECEIVER FOR TRACKING CLOSELY SPACED MULTIPATH

\*\*\*\*\*

Please contact Darla at (858) 845-5042 if all pages do not transmit.

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## AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Customer No.: 23696  
Attorney Docket No.: 020111  
In Re Application of: Teague, et al.  
Serial Number: 10/086,574  
Filed: 2/28/02  
Examiner: Kevin Kim  
Group Art Unit: 2634

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Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

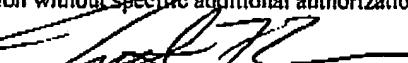
CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entry Fee	Fee Paid
Total*	10	32	0	x \$50 =	\$0
Independent**	3	12	0	x \$200 =	\$0
Multiple Dependent Claim(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$360	\$
EXTENSION FEES		<input type="checkbox"/> One Month		\$120	\$
		<input type="checkbox"/> Two Months		\$450	\$
		<input type="checkbox"/> Three Months		\$1020	\$
TERMINAL DISCLAIMER				\$130	\$
				TOTAL FEE	\$0

\*If the number in column a is less than 20, enter 0 in column c.

\*\*If the number in column a is less than 3, enter 0 in column c.

4.  Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
5.  Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$0.
- The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6.  The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 6/29/06

Signature: 

Timothy F. Loomis, Reg. No. 37,383  
858-845-8355

QUALCOMM Incorporated  
Attn: Patent Department  
5775 Morehouse Drive  
San Diego, California 92121-1714  
Telephone: (858) 658-5787  
Facsimile: (858) 658-2502

## CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

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Depositor's Name: \_\_\_\_\_  
(type or print name)

Date: 6/29/06

## FACSIMILE

transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: Darla Kasmedo  
(type or print name)

Signature: 

(TRANSAMD.VER1.13-04/30/04)

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T-732 P.003/008 F-960

Appl. No. 10/086,574  
Amdt. dated 6/29/06  
Reply to Office Action of 6/13/06

JUN 29 2006

PATENT  
Docket: 020111**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of )  
                         )  
 Edward H. Teague    )  
                         )  
 Serial No. 10/086,574 )  
                         )  
 Filed: February 28, 2002   ) Group No. 2634

**AMENDMENT**

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated June 13, 2006, please amend the above-identified application as follows:

**CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))**

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Depositor's Name: Darla Kasmedo  
(type or print name)

Signature: \_\_\_\_\_

